



DE 14-177

Knollwood Energy of MA LLC
P.O. Box 30
Chester, New Jersey 07930

June 27, 2014

NHPUC JUN30'14 AM11:46

Debra A. Howland
Executive Director
New Hampshire Public Utilities Commission
21 South Fruit Street, Suite 10
Concord, NH 03301-2429

Dear Ms Howland,

Enclosed please find the application for the Benjamin Brown system to be part of the Knollwood Energy of MA LLC (NH-II-13-089) Class II Photovoltaic aggregation for New Hampshire Renewable Energy Certificates (RECs) generated from customer-sited sources, pursuant to New Hampshire Code of Administrative Rules Puc 2506.

Customer and Facility Information

Benjamin Brown
178 Bear Hill Road
Chichester, NH 03258
603-798-4116
bbrown@apm.com

The Nepool GIS ID # for this facility is: NON41363. Also enclosed are the Simplified Process Interconnection Application and Service Agreement, an interconnection letter from Unitil, and the Certificate of Completion for Simplified Process Interconnections. An electronic version has been sent to executive.director@puc.nh.gov.

Please do not hesitate to contact me if you have any questions regarding this application.

Thank you for your consideration,

Alane Lakritz

Alane Lakritz
President
Knollwood Energy of MA LLC
862-432-0259
908-955-0593 (fax)
Alane@KnollwoodEnergy.com

Enclosures (3)



State of New Hampshire Public Utilities Commission

21 S. Fruit Street, Suite 10, Concord, NH 03301-2429



DRAFT APPLICATION FORM FOR RENEWABLE ENERGY CERTIFICATE (REC) ELIGIBILITY FOR CLASS I AND CLASS II SOURCES WITH A CAPACITY OF 100 KILOWATTS OR LESS

Pursuant to New Hampshire Administrative Code [Puc 2500](#) Rules including Puc 2505.08, Certification of Certain Customer-Sited Sources

- Please submit one (1) original and two (2) paper copies of the completed application and cover letter* to:
Debra A. Howland, Executive Director, New Hampshire Public Utilities Commission
21 South Fruit Street, Suite 10, Concord, NH 03301-2429
- Send an electronic version of the completed application and the cover letter electronically to
executive.director@puc.nh.gov.
- The cover letter must include complete contact information and identify the renewable energy class for which the applicant seeks eligibility. Pursuant to Puc 2505.01, the Commission is required to render a decision on an application within 45 days of receiving a completed application.

If you have any questions please contact Barbara Bernstein at (603) 271-6011 or Barbara.Bernstein@puc.nh.gov.

- Photovoltaic (PV) solar facilities are Class II resources. Contact Barbara.Bernstein@puc.nh.gov for assistance.

Eligibility Requested for: Class I ☐ Class II ☒ Check here ☐ if this facility part of an aggregation.

If the facility is part of an aggregation, please list the aggregator's name. Knollwood Energy of MA

- Provide the following information for the owner of the PV system.

Applicant Name Benjamin Brown Email bbrown@apm.com

Address 178 Bear Hill Road City Chichester State NH Zip 03258

Telephone 603-798-4116 Cell _____

- For business applicants, provide the facility name and contact information (if different than applicant contact information).

Facility Name _____ Primary Contact _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Cell _____

Email address: _____

- Provide a complete list of the equipment used at the facility, including the revenue grade REC meter, and, if applicable, the inverter. Your facility will not qualify for RECs without a REC meter.

equipment	quantity	Type	equipment	quantity	Type
PV panels	52	Trina PA.05 240	other		
Inverter	52	Enphase M215	other		
meter	1	Enphase i210+	other		

- A copy of the interconnection agreement and the approval to operate your PV system from your electric utility must be included with your application.
- For PSNH customers, both the *Simplified Process Interconnection Application* and *Exhibit B - Certificate of Completion* are required.

What is the nameplate capacity of your facility (found on your interconnection agreement)? 11.18

What was the initial date of operation (the date your utility approved the facility)? 11/20/2013

- Provide the name, license number and contact information of the installer, or indicate that the equipment was installed directly by the customer.

Installer
Name ETE Solar Contact Kelly Smith License # (if applicable) _____

Address 32 Tyler Lane City Berwick State: N H Zip 03901

Telephone 207-251-6332 email kelly.smith@etesolar.com

If the equipment was installed directly by the customer, please check here: ☐

- Provide the name and contact information of the equipment vendor.

☐ X Check here if the installer provided the equipment and proceed to the next question.

Business Name _____ Contact _____

Address _____ City _____ State _____ Zip _____

Telephone _____ email _____

- If an independent electrician was used, please provide the following information.

Electrician's Name _____ License # _____

Business Name _____ Email _____

Address _____ City _____ State _____ Zip _____

- Provide the name of the independent monitor for this facility. (A [list](http://www.puc.nh.gov/Sustainable%20Energy/Renewable_Energy_Source_Eligibility.htm) of approved independent monitors is available at http://www.puc.nh.gov/Sustainable%20Energy/Renewable_Energy_Source_Eligibility.htm.)

Independent Monitor's Name Thomas Kelly, Natural Capital

Is the facility certified under another state's renewable portfolio standard? yes ☐ no ☒
If "yes", then provide proof of the certification as **Attachment C**.

- Please note, if your facility is part of an aggregation, your aggregator should provide you with the following information.
- In order to qualify your facility's electrical production for Renewable Energy Certificates (RECs), you must register with the NEPOOL – GIS. Contact information for the GIS administrator follows:

James Webb
Registry Administrator, APX Environmental Markets
224 Airport Parkway, Suite 600, San Jose, CA 95110
Office: 408.517.2174 jwebb@apx.com

If you are not part of an aggregation, Mr. Webb will assist you in obtaining a GIS facility code.

GIS Facility Code # NON41363 Asset ID # NON41363

- Complete an affidavit by the applicant or qualified installer that the project is installed and operating in conformance with any applicable state/local building codes. Use either the following affidavit form or provide a separate document.
- The Commission requires a notarized affidavit as part of the application.

AFFIDAVIT

The Undersigned applicant declares under penalty of perjury that the project is installed and operating in conformance with all applicable building codes.

Applicant's Signature Alane Lakritz Date 6/27/14

Applicant's Printed Name Alane Lakritz

Subscribed and sworn before me this 27 Day of JUNE (month) in the year 2014

County of MORRIS State of NJ

SYLVIA A. SMITH
Notary Public
State of New Jersey
My Commission Expires Jan. 6, 2019
My Commission ID # 2309220

Notary Public/Justice of the Peace

- Complete the following checklist. If you have questions, contact barbara.bernstein@puc.nh.gov.

CHECK LIST: The following has been included to complete the application:		YES
• All contact information has been provided.		X
• A copy of the interconnection agreement. PSNH Customers should include both <i>the Interconnection Standards for Inverters Sized up to 100 KVA</i> and <i>Exhibit B – Certification of Completion for Simplified Process Interconnection</i> .		X
• Documentation of the distribution utility's approval of the installation.*		X
• If the facility is participating in another state's renewable portfolio standard (RPS) program, documentation of certification in other state's RPS.		
• A signed and notarized attestation.		X
• A GIS number obtained from the GIS Administrator.		X
• The document has been printed and notarized.		X
• The original and 2 copies are included in the packet mailed to Debra Howland, Executive Director of the PUC.		X
• An electronic version of the completed application has been sent to executive.director@puc.nh.gov .		X
*Usually included in the interconnection agreement.		

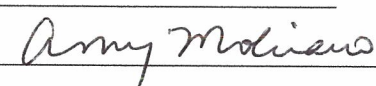
- If the application has been prepared by someone other than the applicant, complete the following. If the application was prepared by the applicant, check here ☐ and skip this section.

PREPARER'S INFORMATION

Preparer's Name Amy Molinaro Email address: amy@knollwoodenergy.com

Address PO Box 30 City Chester State NJ Zip 07930

Telephone 862-432-5908 Cell _____

Preparer's Signature: 

UNITIL ENERGY SYSTEMS, INC. hereinafter as "UNITIL"
NH INTERCONNECTION STANDARDS FOR INVERTERS
SIZED UP TO 100 KVA (Continued)

Simplified Process Interconnection Application and Service Agreement

Contact Information:

Date Prepared: 10/3/13

Legal Name and address of Interconnecting Customer (or, Company name, if appropriate)

Customer or Company Name (print): Ben Brown Contact Person, if Company: _____

Mailing Address: 178 Bear Hill Rd

City: Chichester State: NH Zip Code: 03258

Telephone (Daytime): 603-798-4116 (Evening): same

Facsimile Number: _____ E-Mail Address: bbrown@apm.com

Alternative Contact Information (e.g., system installation contractor or coordinating company, if appropriate):

Name: Kelly Smith w/ Energy Tech East

Mailing Address: 32 Tyler Lane

City: Berwick State: ME Zip Code: 03901

Telephone (Daytime): 207-251-6332 (Evening): same

Facsimile Number: _____ E-Mail Address: ~~000~~ kelly.smith@etesolar.com

Electrical Contractor Contact Information (if appropriate):

Name: Al Durlan Telephone: 603-817-0120

Mailing Address: P.O. Box 7079

City: Gonic State: NH Zip Code: 03839

Facility Information:

Address of Facility: 178 Bear Hill Rd

City: Chichester State: NH Zip Code: 03258

Electric Service Company: Unitil Account Number: 1082899-103258 Meter Number: ACD0000453001

Inverter Manufacturer: Enphase Model Name and Number: M215 Quantity: 52

Nameplate Rating: 4.215 (kW) 240 (kVA) (AC Volts) Single X or Three Phase

System Design Capacity: 11.180 (kW) (kVA)

Net Metering: If renewably fueled, will the account be Net Metered? Yes X No

Prime Mover: Photovoltaic ☒ Reciprocating Engine ☐ Fuel Cell ☐ Turbine ☐ Other

Energy Source: Solar ☒ Wind ☐ Hydro ☐ Diesel ☐ Natural Gas ☐ Fuel Oil ☐ Other

UL 1741.1 (IEEE 1547.1) Listed? Yes X No

Estimated Install Date: Oct 17+18, 2013 Estimated In-Service Date: Oct 21, 2013

Customer Signature

I hereby certify that, to the best of my knowledge, all of the information provided in this application is true and I agree to the Terms and Conditions on the following page:

Interconnecting Customer Signature: Ben Brown Title: _____ Date: 10/3/13

Please attach any documentation provided by the inverter manufacturer describing the inverter's UL 1741 listing.

Approval to Install Facility (For Company use only)

Installation of the Facility is approved contingent upon the terms and conditions of this Agreement and agreement to any system modifications, if required (Are system modifications required? Yes No To be determined):

Company Signature: _____ Title: _____ Date: _____

Company waives inspection/Witness Test? Yes No



Mr. Ben Brown
178 Bear Hill Road
Chichester, NH 03258

November 20, 2013

Dear Mr. Brown;

I am writing today to advise you that have reviewed your solar PV generator and inverter system that was recently installed at the above captioned address.

During this review we replaced your standard meter with a "Net Meter" and you are now authorized to energize your generator and interconnect to the Unitil electric system.

Should you have any further questions or comments please feel free to contact me at any time.

Sincerely,

Gary Miller

Gary Miller
Senior Business Development Executive
Unitil Corporation
(o) 603-227-4516

UNITIL ENERGY SYSTEMS, INC. hereinafter as "UNITIL"
NH INTERCONNECTION STANDARDS FOR INVERTERS
SIZED UP TO 100 KVA (Continued)

**Exhibit B - Certificate of Completion for Simplified Process
Interconnections**

Installation Information:

Check if owner-installed

Customer or Company Name (print): Ben Brown Contact Person, if Company: _____
Mailing Address: 178 Bear Hill Rd
City: Chichester State: NH Zip Code: 03258
Telephone (Daytime) 603-768-4116 (Evening) Same
Facsimile Number: N/A E-Mail Address: bbrown@capm.com

Address of Facility (if different from above) Same
City: _____ State: _____ Zip Code: _____

Electrical Contractor's Name (if appropriate): Al Nadeau
Mailing Address: P.O. Box 7079
City: Gonic State: NH Zip Code: 03830
Telephone (Daytime) 603-317-6120 (Evening): Same
Facsimile Number: N/A E-Mail Address: N/A
License number: 8238M

Date of approval to install Facility granted by the Company: _____

Application ID number: _____

Inspection:

The system has been installed and inspected in compliance with the local Building/Electrical Code of

Chichester NH / Merrimack County
(City/County)

Signed (Local Electrical Wiring Inspector, or attach signed electrical inspection):

Name (printed): John M. Foziezman
Date: 11/2/13

As a condition of interconnection you are required to send/fax a copy of this form to (insert Company's name below):

Name: _____
Company: _____
Mail 1: _____
Mail 2: _____
City State ZIP: _____
Fax No.: _____